

**MEDICAL BOARD OF CALIFORNIA**

LICENSING PROGRAM  
 1426 Howe Avenue, Suite 54  
 Sacramento, CA 95825-3236  
 (916) 263-2382  
[www.caldocinfo.ca.gov](http://www.caldocinfo.ca.gov)



**IN CALIFORNIA YOU MAY ONLY PRACTICE MEDICINE AS A CORPORATION IF YOU ARE A CALIFORNIA PROFESSIONAL MEDICAL CORPORATION (Business and Professions Code §2402, CORPORATIONS CODE §13401.5)**

<p align="center"><b>FICTITIOUS NAME PERMIT APPLICATION</b></p> <p align="center">Fee - \$50 (non-refundable)          Please print or type          All incomplete or copied applications will be returned.</p>	FOR OFFICE USE ONLY	
	Fee Paid: _____	Receipt No.: _____

1.	Owner's complete name, practice address and practice telephone number: (List at least one physician's name or, in the case of a corporation, the corporate name.) If there is more than one practice location, please list all practice locations under this fictitious name permit on an attachment.
2.	The applicant is applying as: <i>(only check one)</i>  <input type="checkbox"/> Professional Medical Corporation* <input type="checkbox"/> Professional Podiatry Corporation  <input type="checkbox"/> Individual (Sole Proprietor), group or partnership  *The corporation must be a California professional medical corporation incorporated under California Corporations Code §13400 et. seq.
3.	In the space provided below, enter only <b>one</b> choice for your <b>fictitious name</b> . Additional choices may be submitted on an attachment in order of preference. Names of current Fictitious Name Permits are on the Medical Board of California Web site, <a href="http://www.caldocinfo.ca.gov">www.caldocinfo.ca.gov</a> . Please review this site to determine if your name choice is available. Business and Professions Code §2285 prohibits practicing under a fictitious name until the Board has issued a Fictitious Name Permit.
4.	<p><b><u>FOR PROFESSIONAL CORPORATIONS ONLY:</u></b>          Corporate Name (please use the complete name) – _____          Corporate # - _____</p> <p><b>Attach a copy of the Articles of Incorporation that indicates the status of the entity as a California professional medical corporation. The corporation must be a duly formed California professional medical corporation.</b></p>

5.	If applying as an <b>Individual (Sole Proprietor)</b> , enter your Social Security Number. If applying as a <b>Partnership</b> , enter your Federal Employer Identification Number (FEIN).	<u>SSN/FEIN #</u> <hr/>																																
6a.	<p><b><u>FOR CORPORATIONS ONLY:</u></b>          A licensed physician and surgeon must own at least 51% of the outstanding shares of a professional medical corporation. The remaining 49% may be owned by: licensed podiatrists, licensed psychologists, registered nurses, licensed optometrists, licensed marriage and family therapists, licensed clinical social workers, licensed physician assistants, licensed chiropractors, or licensed acupuncturists. The number of these licensed persons cannot exceed the number of physicians and cannot exceed a combined share total of 49%. <u>A lay (unlicensed) person cannot own any shares in a professional medical corporation in California.</u></p> <p><b><u>ANSWER THIS QUESTION IF ALL SHAREHOLDERS ARE PHYSICIANS.</u></b>          IF THERE ARE NON-PHYSICIAN SHAREHOLDERS, PROCEED TO 6B.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th rowspan="2" style="width: 45%;">Name <i>(Attach additional sheet(s), if necessary.)</i></th> <th colspan="2" style="text-align: center;">Shareholder?</th> <th rowspan="2" style="width: 40%;">Medical License No.</th> </tr> <tr> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>		Name <i>(Attach additional sheet(s), if necessary.)</i>	Shareholder?		Medical License No.	Yes	No																										
Name <i>(Attach additional sheet(s), if necessary.)</i>	Shareholder?			Medical License No.																														
	Yes	No																																
6b.	<p>If ownership includes non-physicians, complete the following information: list the name, license number, percentage of shares and profession of all shareholders. If there are no non-physician owners, please continue to question 8.</p> <p><b><u>FOR CORPORATIONS WITH NON-PHYSICIAN SHAREHOLDERS</u></b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 45%;">Names of ALL shareholders <i>(Attach additional sheet(s), if necessary.)</i></th> <th style="width: 15%;">License No.</th> <th style="width: 15%;">% of Shares</th> <th style="width: 25%;">Profession</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>		Names of ALL shareholders <i>(Attach additional sheet(s), if necessary.)</i>	License No.	% of Shares	Profession																												
Names of ALL shareholders <i>(Attach additional sheet(s), if necessary.)</i>	License No.	% of Shares	Profession																															
7.	<p style="text-align: center;"><b><u>FOR INDIVIDUALS (SOLE PROPRIETORS), GROUPS, AND PARTNERSHPS ONLY</u></b></p> <p><b>All owners of the applicant's organization must be listed and sign below. Where indicated, each owner must also enter the individual medical license number.</b></p> <p style="text-align: center;">*****</p> <p>The undersigned and each of the undersigned hereby certifies under penalty of perjury under the laws of the State of California that statements made on this "Fictitious Name Permit Application," and all attachments thereto, are true and correct.</p> <table style="width: 100%;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">Type Name and Title</td> <td style="width: 15%; border-bottom: 1px solid black;">License #</td> <td style="width: 15%; border-bottom: 1px solid black;">Date</td> <td style="width: 37%; border-bottom: 1px solid black;">Signature</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>		Type Name and Title	License #	Date	Signature																												
Type Name and Title	License #	Date	Signature																															

7.	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Type Name and Title</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Type Name and Title</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Type Name and Title</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Type Name and Title</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Type Name and Title</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">License #</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">License #</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">License #</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">License #</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">License #</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Date</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Date</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Date</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Date</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Date</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Signature</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Signature</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Signature</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Signature</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Signature</div>
8.	<p style="text-align: center;"><b><u>FOR CORPORATIONS ONLY</u></b></p> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">(Complete Name of Corporation)</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; float: right;">Corporation #</div> <div style="clear: both;"></div> <p>I certify at least 51% of said corporation's shares are owned by a licensed physician and surgeon or podiatrist and as such make this declaration for and on behalf of said corporation. I have read the foregoing application and all attachments thereto and know the contents thereof, and the same are true of my own knowledge.</p> <p>I declare under penalty of perjury under the laws of the State of California that I am a licensed physician or podiatrist and have the legal authority to act on behalf of said corporation and that the information contained in this application and all attachments thereto is true and correct.</p> <p>Executed at _____, California, this _____ day of _____, _____</p> <p style="text-align: center;">(city) (month) (year)</p> <p>By: _____</p> <p style="text-align: center;">Type or print: Name Type or print: Corporate Title</p> <div style="border-bottom: 1px solid black; margin-top: 10px; width: 40%; margin-left: 0;">Signature</div>			
9.	<p>Person to be contacted regarding this application:</p> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Name</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; float: right;">Telephone Number</div> <div style="clear: both;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Address</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; float: right;">City State Zip Code</div> <div style="clear: both;"></div>			

**IF YOU WOULD LIKE A CONFIRMATION OF THE APPROVAL, PLEASE VISIT THE WEB SITE**  
**AT**  
[WWW.CALDOCINFO.CA.GOV](http://WWW.CALDOCINFO.CA.GOV) **TO DOWNLOAD CONFIRMATION INFORMATION.**

The Information Practices Act, Section 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals. Agency Name: Medical Board of California, Licensing Program, 1426 Howe Avenue, Suite 54, Sacramento, CA 95825; Telephone: (916) 263-2344. The official responsible for information maintenance is the Program Manager. The authority which authorizes the maintenance of the information is the Business and Professions Code. Publ.L 94-445(42 U.S.C.A.405(c)(2)(C)) authorizes collection of your social security number (SSN) and/or federal employer identification number (FEIN). Your SSN and/or FEIN will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare & Institutions Code. If you fail to disclose your SSN or FEIN, you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you. Failure to provide all or any part of the requested information will result in this form being rejected as incomplete. The principal purpose(s) for which the information is to be used is to determine your eligibility for a Fictitious Name Permit pursuant to Section 2415 of the Business and Professions Code. Any known or foreseeable interagency or intergovernmental transfer that may be made of the information, when necessary, is to other federal, state and local law enforcement agencies. Each individual has the right to review the files or records maintained on him or her by the agency, except for information exempt from disclosure pursuant to Section 6254 of the Government Code or Section 1798.40 of the Civil Code.

Article 18, Section 2415 of the Business and Professions Code states in pertinent part: (a) Any physician and surgeon or any doctor of podiatric medicine, as the case may be, who as a sole proprietor, or in a partnership, group, or professional corporation, desires to practice under any name that would otherwise be a violation of Section 2285 may practice under that name if the proprietor, partnership, group, or corporation obtains and maintains in current status a fictitious-name permit issued by the Division of Licensing, or, in the case of doctors of podiatric medicine, the California Board of Podiatric Medicine, under the provisions of this section.

(b) The division or the board shall issue a fictitious-name permit authorizing the holder thereof to use the name specified in the permit in connection with his, her, or its practice if the division or the board finds to its satisfaction that:

- (1) The applicant or applicants or shareholders of the professional corporation hold valid and current licenses as physicians and surgeons or doctors of podiatric medicine, as the case may be.
- (2) The professional practice of the applicant or applicants is wholly owned and entirely controlled by the applicant or applicants.
- (3) The name under which the applicant or applicants propose to practice is not deceptive, misleading, or confusing.